

**COMPLAINT OPS-8936****YOUR PERSONAL INFORMATION**

Complaint ID : OPS-8936

Name : [REDACTED]

Race : BLACK

Address : [REDACTED]

Sex : FEMALE

Age : 30

**Your contact information**

Best time to contact : 04:00 PM

Primary Contact Phone Number : [REDACTED]

**Your injury information**

Were you injured in this incident? NO

Please describe the injury :

Did you need medical attention? NO

Hospital/Medical Center :

Please describe the medical treatment :

**INFORMATION ABOUT THE INCIDENT**

Description of the incident : OFFICER MURPHY WHO I HAD SUED FOR MY FALSE ARREST ( THE CASE SETTLED CASE # [REDACTED] ) SPOKE TO MY BROTHER AND COUSIN AND STATED THAT "I GOT SOMETHING FOR HER" REFERRING TO ME. OFFICER MURPHY TOLD MY BROTHER SHE ALREADY WON HER CASE AND SHE WENT AND SUED ME ,WE GOT SOMETHING FOR HER.

**Location of the incident**

Street Number : 5700

Direction : S

Street Name : MAY

Apt No. :

Building Name :

Floor :

Unit :

ON THE STREET. OFFICER MURPHY WAS IN A MARKED SQUAD.

**Location Description :** THIS OCCURRED ABOUT 3PM.

**Incident Date and Time**

**Date :** 12/12/2011

**Time :** 03:00 PM

**Evidence**

**Video Evidence :** NO

**Audio Evidence :** NO

**INFORMATION ABOUT THE POLICE OFFICERS**

**Police officer #1**

**Last Name :** MURPHY

**First Name :** W

**Star No. :** 12167

**Rank :**

**Assigned Unit :**

**On Duty :** NO

**Sex :** MALE

**Race :** WHITE

**Officer Description :**

**Police Vehicle Beat Number :**

**Vehicle Number :**

**License Plate :**

**Vehicle Description :**

**INFORMATION ABOUT VICTIMS AND WITNESSES**

**Witness #1 personal information**

**Last Name :** [REDACTED]

**First Name :** [REDACTED]

**Sex :** MALE

**Race :** BLACK

**Age :**

**Contact:**

**Witness #1 injury information**

**Was the witness injured in  
this incident?:** NO

**Please describe the injury :**

**Did the witness need medical  
attention?:** NO

**Please describe the medical  
treatment:**

**Hospital/Medical Center :**

**Witness #2 personal information**

**Last Name :** [REDACTED]

**First Name :** [REDACTED]

**Sex :** MALE

**Race :** BLACK

**Age :**

**Contact:**

**Witness #2 injury information**

**Was the witness injured in**

**this incident?: NO**

**Please describe the injury :**

**Did the witness need medical  
attention?: NO**

**Please describe the medical  
treatment:**

**Hospital/Medical Center :**